

UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA (Rev. 03/2018)		TRANSCRIPT ORDER <i>CJA counsel please complete an AUTH24 in CJA eVoucher</i> <i>Please read instructions on next page.</i>				JAN 30 2019 NOTES: CLERK, U.S. DISTRICT COURT ST. PAUL, MINNESOTA							
1a. CONTACT PERSON FOR THIS ORDER Adam Weber		2a. CONTACT PHONE NUMBER 518-434-0600		3. CONTACT EMAIL ADDRESS aweber@bsfilp.com									
1b. ATTORNEY NAME (if different) Mark A. Singer		2b. ATTORNEY PHONE NUMBER 518-434-0600		3. ATTORNEY EMAIL ADDRESS msinger@bsfilp.com									
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Boies Schiller Flexner LLP 30 South Pearl Street, 11 th Floor Albany, NY 12207			5. CASE NAME (Include defendant number, for criminal cases only) Duryea, et al., v. Agri Stats, Inc., et al.			6. CASE NUMBER 18-1776 (JRT/HB)							
7. COURT REPORTER NAME, if applicable Kristine Mousseau			8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL </div> <div> <input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL </div> <div> <input type="checkbox"/> In forma pauperis (NOTE: Court order for TRANSCRIPTS must be attached) <input type="checkbox"/> Standing Order (MDL only) </div> </div>										
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:													
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) NOTE: ECF access is included.			c. DELIVERY TYPE Delivery times are not guaranteed.							
DATE	JUDGE (Initials)	PORTION (If requesting less than full hearing, specify portion (e.g. witness or time))	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	EXPEDITED (3-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME (rough draft)
1/28/19	JRT		X				X						
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. This is a non-party request – sent via fax on 1/30/19.													
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE 1/30/19	
11. SIGNATURE													